CITY OF SCOTISDALE

FY 2013/14 Monthly Premiums & Contribution Rates – 6.0% increase

July 1, 2013 to June 30, 2014	Monthly Premium	City Contribution	Participant Contribution	
City of Scottsdale Select through Aetna				
Full-Time Employee Only	\$462	\$370	\$92	
Part-Time Employee Only	\$462	\$278	\$184	
Full-Time Employee & Child(ren)	\$836	\$650	\$186	
Part-Time Employee & Child(ren)	\$836	\$488	\$348	
Full-Time Employee & Spouse/Partner	\$998	\$772	\$226	
Part-Time Employee & Spouse/Partner	\$998	\$579	\$419	
Full-Time Employee & Family	\$1,432	\$1,097	\$335	
Part-Time Employee & Family	\$1,432	\$823	\$609	
City of Scottsdale Choice POSII through Aetna				
Full-Time Employee Only	\$404	\$343	\$61	
Part-Time Employee Only	\$404	\$257	\$147	
Full-Time Employee & Child(ren)	\$731	\$589	\$142	
Part-Time Employee & Child(ren)	\$731	\$442	\$289	
Full-Time Employee & Spouse/Partner	\$872	\$694	\$178	
Part-Time Employee & Spouse/Partner	\$872	\$521	\$351	
Full-Time Employee & Family	\$1,251	\$979	\$272	
Part-Time Employee & Family	\$1,251	\$734	\$517	
City of Scottsdale Choice POSII HSA through Aetna				
Full-Time Employee Only	\$385	\$347	\$38	
Part-Time Employee Only	\$385	\$260	\$125	
Full-Time Employee & Child(ren)	\$697	\$580	\$117	
Part-Time Employee & Child(ren)	\$697	\$435	\$262	
Full-Time Employee & Spouse/Partner	\$831	\$681	\$150	
Part-Time Employee & Spouse/Partner	\$831	\$511	\$320	
Full-Time Employee & Family	\$1,193	\$952	\$241	
Part-Time Employee & Family	\$1,193	\$714	\$479	



FY 2013/14 Monthly Premiums & Contribution Rates

July 1, 2013 to June 30, 2014	Monthly Premium	City Contribution	Participant Contribution
Assurant HMO Dental			
Full-Time Employee Only	\$10.90	\$10.90	\$0.00
Part-Time Employee Only	\$10.90	\$8.38	\$2.52
Full-Time Employee & Child(ren)	\$24.42	\$11.90	\$12.52
Part-Time Employee & Child(ren)	\$24.42	\$9.38	\$15.04
Full-Time Employee & Spouse/Partner	\$17.90	\$11.42	\$6.48
Part-Time Employee & Spouse/Partner	\$17.90	\$8.90	\$9.00
Full-Time Employee & Family	\$28.68	\$12.22	\$16.46
Part-Time Employee & Family	\$28.68	\$9.70	\$18.98
Delta Dental			
Full-Time Employee Only	\$40.00	\$35.00	\$5.00
Part-Time Employee Only	\$40.00	\$26.26	\$13.74
Full-Time Employee & Child(ren)	\$72.00	\$39.00	\$33.00
Part-Time Employee & Child(ren)	\$72.00	\$29.26	\$42.74
Full-Time Employee & Spouse/Partner	\$88.00	\$41.00	\$47.00
Part-Time Employee & Spouse/Partner	\$88.00	\$30.76	\$57.24
Full-Time Employee & Family	\$119.00	\$44.00	\$75.00
Part-Time Employee & Family	\$119.00	\$33.00	\$86.00